PART B - FEE(S) TRANSMITTAL

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FINNEGAN, F LLP 901 NEW YORI	HENDERSON, F.	ARABOW, GARR	ETT & DUNNER te Stat addi tran	reby certify that this Fee es Postal Service with su ressed to the Mail Stop smitted to the USPTO (5	te of Mailing or Trans e(s) Transmittal is being afficient postage for firs o ISSUE FEE address 71) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.	
WASHINGTON	I, DC 20001-4413					(Depositor's name)	
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			L			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/554,231 10/24/2005		Andreas Bjorklund		09059.0036-00000		7940	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO ·	\$1510	\$300	\$0	\$1810	01/14/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CHAWAN, SHEELA C		2624	382-188000				
FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. T'Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Finnegan, Henderson, Farabow, Garrett & Dur.				
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSICATION A	ess an assignee is iden n in 37 CFR 3.11. Com GNEE AB	tified below, no assignee pletion of this form is NO	data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY SWEDEN	atent. If an assignce is assignment, and STATE OR COUN	TRY)	ocument has been filed for	
a. The following fee(s) are submitted: Solution So			4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).				
a. Applicant claims	us (from status indicates SMALL ENTITY states	us. See 37 CFR 1.27.	☐ b. Applicant is no long				
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Authorized Signature Kay Hung Hill			Date January 11, 2010				
Typed or printed name Kay H. Hill			Registration No. 62,833				
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.